

## SELF-REQUEST FOR RECORDS

A response to your request will be sent within 5 BUSINESS DAYS.

### 1. PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

Social Security Number:

### 2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

- ☐ I am requesting a copy of my Employment History from  
\_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)
- ☐ I am requesting a copy of my Unemployment Payment History from  
\_\_\_\_\_ through \_\_\_\_\_  
(start date) (end date)
- ☐ If you are seeking records other than the above (identify here):  
\_\_\_\_\_

### 3. AUTHORIZATION AND SIGNATURE:

a) Mail or Fax records to:

Name:

Contact Phone #:

Address Line:

City State Zip Code:

Return Fax #:

b) Send Request to:

Employment Security Department

Attn: Records Disclosure Unit

P.O. Box 9046

Olympia WA 98507-9046

Fax # (866)610-9225

Phone # (360)292-6036

- c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.
- d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

\_\_\_\_\_  
Signature(Required)

\_\_\_\_\_  
Date